

Name: _____
Last First Middle



Hiring Packet

Check to make sure that each item has been filled out completely:

- ☐ Emergency Info & Hiring Survey
- ☐ Member Contract (signed on or before your start date)
- ☐ Position Description
- ☐ AmeriCorps Enrollment Form
- ☐ W-4 (federal income tax withholding worksheet)
- ☐ I-9 (employment eligibility verification)
 - ☐ Included or attached photocopies of ID and proof of employment eligibility (see I-9 for a list of accepted documents)
- ☐ Direct Deposit ("Authorization for Electronic Funds Transfer")
 - ☐ Included or attached a voided check or an account verification letter from your bank

Please Note: Any incomplete items will result in suspension of work and delayed receipt of first paycheck!

Supervisors: Please double-check to make sure all items are filled out and attached

Emergency Contact Information

1st Choice to Contact

Name: _____

Relationship: _____

Primary Phone: (____) ____ - ____

Alternate Phone: (____) ____ - ____

2nd Choice to Contact

Name: _____

Relationship: _____

Primary Phone: (____) ____ - ____

Alternate Phone: (____) ____ - ____

WCC New Hire Survey

We strive to provide our members with programs and opportunities designed to help you succeed in life. Please answer the following questions so that we can know how best to assist you:

Before accepting a position with our program, were you unemployed, out of work or under-employed?

☐ Yes ☐ No

If **Yes**, for how long? _____

Are you interested in applying for the Basic Food Assistance program (also known as EBT; formerly Food Stamps) through the Department of Social and Health Services (DSHS)?

☐ Yes ☐ No

Do you have a high school diploma or GED?

☐ Yes ☐ No

If **No**, would you like assistance in obtaining your GED?

☐ Yes ☐ No



Washington Conservation Corps - Department of Ecology

MEMBER CONTRACT

Member Name: _____

Immediate Supervisor: _____

Project Coordinator: _____

Start Date: _____ End Date: _____

Term Length: ☐ 1-Year ☐ 6-Months ☐ 3-Months

Version updated 3/01/12

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I. Purpose

The purpose of this Member Contract* is to provide information about your benefits, rights, responsibilities, other expectations, and conditions which govern your term of service with the Washington Conservation Corps (WCC). It also delineates the responsibilities of each of the parties involved in the WCC program: you, the AmeriCorps member; your supervisor and the organization, which is sponsoring your AmeriCorps project; and the WCC, a program administered by the Washington State Department of Ecology.

**Any party without reviewing the detailed terms outlined in the document should not sign this contract. Each signature at the end of this document constitutes an agreement and promise to comply with all program requirements.*

II. Position Description

The WCC is a fee-for-service program that provides a labor force to many federal, state, county, city, and non-profit agencies and organizations. The primary emphasis of work performed for these entities include, but are not limited to, natural resource restoration, recreational trail construction and/or maintenance, environmental education, and energy efficiency retrofits. A crew supervisor or IP sponsor will provide each member with an overview, subsequent to beginning his or her term of service. At a minimum, this overview shall include the typical hours of service, location of service, name and phone number for the on-site supervisor, and a description of the member's service activities.

WCC members will at times be subject to rigorous work activities. WCC members must be available to respond to duties that include sandbagging, flood cleanup, search and rescue, oil spills, and fire fighting. Emergencies may require WCC members to work in excess of 40 hours per week. The WCC will compensate members for hours worked in excess of 40 hours per workweek with overtime pay on approved projects.

III. Equal Opportunity Employer

Each site sponsor receiving the services of an AmeriCorps member agrees that they will abide by federal laws and Corporation for National and Community Service (CNCS) policy on Equal Opportunity Employment. Both WCC and the site sponsor will provide an environment free of discrimination for all AmeriCorps members. Recognizing that a diverse citizenry strengthens the fabric of our society, the policy of CNCS is to ensure mutual respect for all differences among us. Participation in AmeriCorps will be based on merit and equal opportunity for all, without regard to factors such as race, color, national origin, sex, sexual orientation, religion, age, disability, political affiliation, marital or parental status, military service, or religious, community or social affiliations.

The WCC and its site sponsors agree to provide an environment free from sexual, racial, national origin or religious harassment. Harassment includes unwelcome verbal, physical or graphic conduct and has the purpose or effect of unreasonably interfering with work or service performance or creating an intimidating, hostile or offensive work or service environment.

CNCS Civil Rights Statement: *Any volunteer, service participant, client, employee or beneficiary of a program or project who believes he or she has been subjected to discrimination in violation of nondiscrimination provisions of applicable laws, regulations or this policy may raise his or her concerns with the Corporation's Equal Opportunity Office.*

IV. Drug Free Workplace Act

In accordance with the Drug Free Workplace Act, the WCC prohibits the unlawful manufacture, distribution, dispensation, possession, or use of a controlled substance. If a WCC member is arrested for or convicted of a

drug offense, the member must notify their immediate supervisor and/or program coordinator, in writing, within five calendar days. The WCC will take appropriate action including suspension and referral to a drug rehabilitation program, or release for cause consistent with the CNCS rules on termination and suspension of service.

V. Member Eligibility

Eligibility Requirements: To be eligible to enroll in AmeriCorps, the individual must (1) be a United States citizen, U.S. national, or a lawful permanent resident alien of the United States; (2) be between the ages of 18-25 at time of enrollment; and, (3) have a high school diploma or GED or agree to obtain one while serving in the program.

Age Restrictions: In accordance with RCW 43.220.070 (1), members enrolling in the WCC program must be between the ages of 18 and 25. The WCC will waive the maximum age limit for members who turn 26 while in the WCC program, and continue on to serve an additional term of service, as long as there is no break in service.

Background Check: AmeriCorps requires a criminal history background check to ensure the protection of community members with whom we work, particularly children, individuals with disabilities, and individuals over 60 years old. This check investigates for past sexual offenses and violent crimes. Minor offenses, unless affecting your assignment, will not bar you from service. This background check will entail a search of the National Sex Offender Registry and may include an FBI Fingerprint check for members with recurring access to vulnerable populations, or members who live in a state other than Washington at the time they apply.

Former Employees: In general, project sponsors may not enroll an individual who is or has been employed by the site sponsor within six months of program enrollment. An individual cannot serve as a WCC member and be employed by the same agency.

VI. Terms of Service:

- A. For the member's term of service, refer to page 1 of this Member Contract: "Start Date," "End Date," and "Term Length."
- B. One-Year Positions: WCC member must complete 12 months with a minimum of 1700 hours to receive an AmeriCorps Education Award. The only 2 exceptions to this policy are: (1) member has completed 1700 hours within the 12 month period, is requesting early termination to attend school and can provide proof of enrollment in a college or trade school, and (2) member is unable to complete the term of service as outlined in this contract due to a compelling situation and may be eligible for a pro-rated award. The WCC Program Director will make the final decision with regard to exceptions. Failure to complete the required hours and/or other stipulations outlined in this contract will result in denial of the education award.
- C. Six-Month Positions: WCC members must complete 6 months with a minimum of 900 hours to receive an AmeriCorps Education Award. The only 2 exceptions to this policy are: (1) member has completed 900 hours within the 6 month period, is requesting early termination to attend school and can provide proof of enrollment in a college or trade school, and (2) member is unable to complete the term of service as outlined in this contract due to a compelling situation and may be eligible for a pro-rated award. The WCC Program Director will make the final decision with regard to exceptions. Failure to complete the required hours and/or other stipulations outlined in this contract will result in denial of the education award.
- D. Three-Month Positions: WCC members must complete 3 months with a minimum of 450 hours to receive an AmeriCorps Education Award when available. The only 2 exceptions to this policy are: (1) member has completed 450 hours within the 3 month period, is requesting early termination to attend school and can provide proof of enrollment in a college or trade school, and (2) member is unable to complete the term

of service as outlined in this contract due to a compelling situation and may be eligible for a pro-rated award. The WCC Program Director will make the final decision with regard to exceptions. Failure to complete the required hours and/or other stipulations outlined in this contract will result in denial of the education award.

- E. The member understands that to successfully complete the term of service as defined by the WCC and consistent with the regulations of the CNCS, they must:
- Complete the required term of service and meet or exceed the service hours requirement for their position.
 - Ensure satisfactory completion of service assignments; attend Member Training Academies.
 - Meet any other criteria communicated either orally or in writing at the beginning of or during the term of service.
- F. To be eligible to serve a second term of service, the member must receive satisfactory performance evaluations for any previous term of service. WCC Program policy allows a second term of service to members whom will continue to benefit from such an opportunity. Their second year must offer them a diverse experience from their first year of service. WCC administrative staff will provide guidelines on an approval process for second year terms. This may include a letter of intent, résumé, and supervisor (or IP sponsor) recommendation. The member understands that mere eligibility for an additional term of service does not guarantee selection or placement.

VII. Benefits

Living Allowance: The member will receive an hourly living allowance of not less than the Washington State minimum wage, currently \$ 9.04 per hour. The living allowance is paid to the member twice a month, on the 10th and 25th. The WCC living allowance is designed to help the member meet necessary living expenses incurred while participating in the AmeriCorps program.

The member living allowance is subject to deductions: Federal Income Tax, Workers' Compensation, Social Security, and Medicare. Withholding deductions will vary according to the number of allowances claimed on the W-4.

WCC members cannot cash payroll checks before the date printed on the check. Violation of this policy may result in disciplinary action up to and including termination from the program. Members are strongly encouraged to use direct deposit to have their living allowance deposited directly into their checking or savings account. In the event of a lost or stolen check, the member should contact appropriate WCC Support Staff immediately. In order to replace a missing check, the member is required to fill out an Affidavit of Lost or Destroyed Warrant and return it to a designated WCC Support Staff. Replacement may take 10 days or more.

Eli Segal AmeriCorps Education Award: Upon successful completion of their term of service, the member will receive an education award from the National Service Trust. Members who have already earned the equivalent of two full-term awards upon entering the WCC will not be eligible for further education awards. Members who enroll in the WCC with only a pro-rated portion of an Education Award remaining will receive an Education Award equivalent to this amount. For all others, full-time members will receive \$5,550, part-time members will receive \$2,775, and Quarter time members will receive \$1,468. Education awards can be used to repay qualified student loans, pay the cost of attending qualified institutions of higher education (including certain vocational programs), or pay current expenses while participating in an approved school-to-work program. The education award is valid for seven years after the date the member completed the program. Individuals who do not have a high school diploma or GED upon entering AmeriCorps must agree in writing before enrolling in the program to obtain a high school diploma or GED certificate during their term of service. If a member has not completed either by the end of their term, but has otherwise successfully completed the term, the National Service Trust will establish an education award "account". However, the member will not

be able to use the education award until the National Service Trust receives documentation of successful completion of either a high school diploma or GED. Education awards are taxable income in the year they are used. If a member uses a portion of an education award in a particular year, only the portion used will be subject to income taxes for that year.

Loan Forbearance: Individuals who are serving in a term of service in an approved AmeriCorps position may be eligible to postpone the repayment of their qualified student loans through an action called loan forbearance. While your loan is in forbearance during your term of service, interest continues to accrue. However, if you successfully complete your term of service, the National Service Trust will pay all or a portion of the interest that accrued on your qualified student loans during your service period.

WCC members can request to postpone the repayment of qualified student loans during a service period on-line through My AmeriCorps. Upon completion of a term of service, members will be responsible for repaying their loan according to the terms of the loan. The National Service Trust does not grant forbearance; the loan holders do. The Trust merely verifies membership in AmeriCorps and forwards the documents to the loan holder. Student loans that are in default may not be eligible for forbearance.

Payment of Interest on Qualified Student Loans: Individuals who have successfully completed a term of service in AmeriCorps are eligible to have the Trust pay as much as 100% of the interest that accrued on their qualified student loan during their service. The type of service (full or part-time) and the length of your service period determine the portion that the Trust will pay. The Trust will only pay interest on qualified student loans payments the Trust makes for interest that accrued on qualified loans are taxable.

Basic Health: The WCC Program provides a basic medical plan that includes coverage for preventative healthcare, illness and non-workplace injuries. It is the responsibility of WCC members to review coverage information. Dual coverage is available under this plan, but members should check that their existing insurance provider allows it before using WCC's medical plan as secondary insurance. Enrolling in this basic medical plan is available at any time during the member's service year.

VIII. Leave Situations

Background Information: WCC members are ineligible for paid vacation, holiday, or sick leave as stated in RCW 43.220.070 - (3). WCC members, for the purposes of determining eligibility of benefits, are not considered employees of the State of Washington, and therefore are not eligible for leave benefits afforded to employees of the State of Washington. This includes sick and vacation leave as well as holiday pay. Members will be allowed reasonable and appropriate personal Leave Without Pay upon approval from their Supervisor.

Military Leave: WCC members serving in the National Guard or Reserve will be granted a leave of absence for a two-week period of active duty training. Members may not receive additional time off for training beyond the two-week active duty-training period. Members will discontinue receiving a living allowance or childcare and medical benefits during this period and will not receive credit toward service hours required for an education award.

Jury Duty: Serving on a jury is an important responsibility of citizenship. To strengthen the spirit of citizenship, members are encouraged to serve jury duty. During the time members serve as jurors, they will continue to earn service hours and receive their living allowance, health and childcare benefits. They may also keep reimbursements for incidental expenses received from the court.

Family Medical Leave: In accordance with the Family Medical and Leave Act (FMLA), up to 12 weeks unpaid medical leave may be granted during the member's term of service for the following reasons:

- The birth of a child.
- The placement of a child with a WCC member through adoption or foster care.

- Serious illness of a WCC member's spouse, child or parent.
- Serious illness prevents the WCC member from performing his or her essential service duties. (According to Corporation regulations, a serious health condition is an illness requiring in-patient care or continuing treatment by a health care provider).

During this period, medical benefits will continue, but the member will not receive a living allowance or childcare benefits and the WCC will not credit hours toward total service hours required for an education award.

Suspension: As outlined in the Member Contract, WCC members may be suspended for disciplinary reasons, including but not limited to, chronic tardiness or leaving the project site without approval of the crew supervisor, IP sponsor, or designee. Members suspended for disciplinary reasons will not receive a living allowance during their suspension period and the hours of suspension will not be credited toward the total service hours required for an education award.

Suspension to Investigate Situations that may Result in Release for Cause: For serious allegations that require the WCC or its designee to conduct an investigation to determine if a member should be released for cause, a member may be suspended for up to 30 days. The crew supervisor or IP sponsor must consult with the project coordinator before suspending the member. During the suspension period, the member shall not receive compensation in the form of pay or hours of credited service. If reinstated with full rights, the member may be subject to a written contract related to performance and/or issues surrounding the original issue related to the suspension. If the final determination is that the member should be released for cause, the member will not receive any portion of an education award. If the member has obtained loan forbearance, the CNCs will not pay any accrued interest, and the member may be disqualified from future AmeriCorps service.

Administrative Hold Status: Administrative Hold Status exists when the WCC member is not serving at a sponsor agency yet remains enrolled in the AmeriCorps program. Administrative Hold Status may be for a maximum of 30 days. Members on Administrative Hold Status will not receive a living allowance and hours will not be credited toward the total service hours required for an education award. Medical benefits will be continued during a period of Administrative Hold.

IX. Member Development

Core Training: All members of the WCC will receive training in various core components. These may include conflict resolution, communication skills, First Aid/CPR, career development, service learning and reflection, diversity awareness, anti-harassment, and team building.

Member Elective Training Academies: The WCC, dependent on funding, hosts two to four Member Elective Training Academies during the program year. The events provide an excellent vehicle for members to network with other members from across the state and receive valuable training to help them gain valuable skills. Attendance is required. Members may not deviate from the training schedule provided by the WCC. Training event schedules may vary; for example you may be required to work five, eight (8) hour days rather than four, ten (10) hour days. Academy locations will also vary and may require residential status (overnight stays). Proper conduct is required at all times during residential training events as further described.

Performance Evaluations: A minimum of two evaluations are required to be completed with a member during their term of service. These evaluations provide a platform for reviewing performance and establishing developmental goals. The evaluation schedule does not establish a timeline for corrective action issues; the crew supervisor or IP sponsor should deal with these, as they occur.

X. Prohibited Activities

While charging time to the AmeriCorps program, accumulating service or training hours, or otherwise performing activities supported by the AmeriCorps program or the Corporation, staff and members may not engage in the following activities (see 45 CFR § 2520.65):

There are activities that WCC members and staff may not perform in the course of their duties, while charging time to the AmeriCorps program, or the Department of Ecology. Furthermore, members and staff may not engage in any conduct in a manner that would associate the prohibited activities with the WCC or CNCS.

Prohibited activities include:

- A. Attempting to influence legislation.
- B. Organizing or engaging in protests, petitions, boycotts, or strikes.
- C. Assisting, promoting, or deterring union organizing.
- D. Impairing existing contracts for services or collective bargaining agreements.
- E. Engaging in partisan political activities, or other activities designed to influence the outcome of an election to any public office.
- F. Participating in, or endorsing, events or activities that are likely to include advocacy for or against political parties, political platforms, political candidates, proposed legislation, or elected officials.
- G. Engaging in religious instruction, conducting worship services, providing instruction as part of a program that includes mandatory religious instruction or worship, constructing or operating facilities devoted to religious instruction or worship, maintaining facilities primarily or inherently devoted to religious instruction or worship, or engaging in any form of religious proselytization.
- H. Providing a direct benefit to—
 - i. A business organized for profit.
 - ii. A labor union.
 - iii. A partisan political organization.
 - iv. A nonprofit organization that fails to comply with the restrictions contained in section 501(c)(3) of the Internal Revenue Code of 1986 except that nothing in this section shall be construed to prevent participants from engaging in advocacy activities undertaken at their own initiative.
 - v. An organization engaged in the religious activities described in paragraph (g) of this section, unless Corporation assistance is not used to support those religious activities.
- I. Conducting a voter registration drive or using Corporation funds to conduct a voter registration drive.
- J. Providing abortion services or referrals for receipt of such services; and Such other activities as the Corporation may prohibit.

AmeriCorps members may not engage in the above activities directly or indirectly by recruiting, training, or managing others for the primary purpose of engaging in one of the activities listed above.

WCC members, like any other private citizen, may participate in any of the above activities on their own time, at their own expense, and at their own initiative. Members may not wear AmeriCorps service gear in such instances.

Fundraising: In general, WCC members cannot assist their organization with major fundraising efforts. In addition, the member may not support fundraising efforts that do not provide immediate and direct support to the direct service activities of the program. However, CNCS policy permits some limited activities related to fundraising to the extent that such activities:

- Provide immediate and direct support to a specific and direct service activity.
- Fall within the program's approved direct service objectives.
- Are not the primary activity of the program.

- Do not involve significant amounts of time for any member. WCC members may spend no more than ten percent of their originally agreed upon term of service performing fundraising activities.

Grant Writing: WCC members may not prepare any part of a grant proposal or perform other fundraising functions to help the program achieve its match requirements or to pay the program's general operating expenses.

Appropriate Use of the AmeriCorps Name and Logo: WCC Members must contact WCC Staff to attain permission for using the AmeriCorps name, logo, or associated phrases. The phrase "The AmeriCorps National Service Network" or an "AmeriCorps® Program" and the slogan "Getting Things Done" may only be used on materials in accordance with Corporation guidelines and requirements. The AmeriCorps logo cannot be altered. Members may not use or display the AmeriCorps name or logo in connection with any prohibited activities.

Commercial Creditors: Neither the WCC nor the site sponsor is responsible for the personal debts of any WCC member. Neither the member nor the site sponsor is authorized to obtain an extension of credit by representing themselves as state government employees.

Supplies and Equipment: The Washington Department of Ecology is, by legislation, a supplier of members. As such and because it encourages self-help and a mobilization of resources, the WCC does not supply members with special equipment to serve on a project other than that listed in the budget that is included in the contractual agreement. If particular supplies are necessary for the successful implementation of a project, the site sponsor is responsible for providing these items. The WCC will not replace or compensate for personal or other property lost, stolen, or damaged while in the possession of a WCC member.

XI. Disciplinary Guidelines for Improper Conduct

The WCC expects its members to behave as responsible citizens on the job as well as in the community. Crew supervisors and IP sponsors have the authority, through consultation with administrative staff, to deal with behavior or actions which are improper or which have negative impacts on crew moral or sponsor relations. Any behavior, which affects members' ability to perform in their service assignment or is not in the best interest of the project sponsor, will be subject to review by the member's immediate supervisor and disciplinary action may be taken. The supervisor and project coordinator may implement member suspension or termination from the WCC program. If the member is suspended, they will not receive compensation. The program will suspend the member's term of service for the following reasons:

- A. The member has been charged with a first offense of possession of a controlled substance. If the member demonstrates enrollment in an approved drug rehabilitation program, they may resume their term of service. The member will not receive any credit for service hours missed.
- B. The member violates any of the provisions set forth in Section XV. "Responsibilities and Conduct of the Member" of this agreement.

XII. Release From Term of Service

A. Background:

The member understands they may be released for the following reasons:

- i. For cause, as explained in paragraph B of this section.
- ii. Due to compelling personal circumstances as defined in paragraph C of this section.

B. Release for Cause:

The program may release the member for cause for the following reasons:

- i. The program reserves the right to release the member for cause if, at the discretion of the WCC Program Director, the member's conduct undermines the effectiveness of the program or the project to which the member is assigned.
- ii. The program may release the WCC member for cause if, at the discretion of the WCC Program Director and project coordinator, the member repeatedly or periodically continues to demonstrate inappropriate behavior that hinders the effectiveness of service.
- iii. The member commits certain acts during the term of service such as being convicted or charged with a violent felony, or with the sale or distribution of a controlled substance. The member will be released for cause without warning for these reasons. If the member is found not guilty or these charges are dismissed, the member may resume service.
- iv. The member discontinues communications with the program or drops out of the program without obtaining a release for compelling circumstances from the campus-based program coordinator.
- v. The member has not been actively participating in service during his/her term, as determined by the member completing less than 15% of his/her service hours within the first 25% of the term of service and/or the member discontinuing contact with the crew supervisor for a period of 3 days or more.
- vi. The member violates any of the rules outlined in the Responsibilities and Conduct of the Member Section of this member contract.
- vii. Any other serious breach that, in the judgment of the program staff, would undermine the effectiveness of the program.
- viii. Background check indicates arrest and conviction for a felony that was not previously disclosed in the hiring process.
- ix. The member will face immediate termination from the WCC for the following reasons:
 - a) The use, sale, or distribution of illegal drugs while on the job or within any facility under contract with the WCC Program.
 - b) The use of alcohol while on the job.
 - c) Fighting or threatening behavior towards any other member, supervisor, staff, the public or sponsor representatives.
 - d) Theft.

C. Compelling Personal Circumstances: Compelling personal circumstances include those beyond the member's control, such as, but not limited to:

- A member's disability or serious illness.
- Disability, serious illness, or death of a member's family member if this makes completing the term unreasonably difficult or impossible.
- Military service obligations.
- Conditions attributable to the program or otherwise unforeseeable and beyond the member's control, such as relocation of a spouse, or the non-renewal or premature closing of the project.

The member is responsible for demonstrating compelling personal circumstances that prevent successful completion of their term of service. The member must submit a written explanation of these circumstances with a request for early release. The WCC Program Director will determine whether or not to grant a prorated education award. In order to be eligible for a portion of their education award or interest payments, the member must have served a minimum of 15% of their term. A member leaving the program without obtaining prior approval for early release will be considered released for cause and forfeits their eligibility to receive a

prorated education award. The WCC is responsible for determining whether a member's personal circumstances are sufficiently compelling to justify issuance of an education award.

The program does not consider any of the following to be compelling personal circumstances, and therefore the member would not be eligible for any of the Education Award should the member terminate for the following:

- To go back to school or increase course load.
- To get a job.
- Because the member finds the work unenjoyable.
- Because of the living allowance amount.
- To move to another part of the country.

If the member discontinues the term of service for any reason other than a release for compelling personal circumstances as described in paragraph C above, the member will cease to receive the benefits described in Section VII and will receive no portion of the Education Award or interest payments.

XIII. Grievance Procedures

Background: It is the intent of the WCC to resolve member grievances as soon as they arise. Ideally, problems can be settled at the local level, so the member can remain in continuous effective service. Should problems progress to the point of being un-resolvable, members may seek resolution through the following grievance procedures.

These procedures are intended to apply to service related issues, such as suspension, release for cause, and denial of an AmeriCorps education award. In addition, individuals who are not selected as WCC members or labor unions alleging displacement of employees or duplication of activities by WCC members may utilize these procedures.

Grievance Hearing: The member must make a written request for a hearing to the WCC Program Director, Washington Conservation Corps, P.O. Box 47600, Olympia, WA 98504-7600. The member's letter should include a detailed explanation of the dispute, solution requested, and supporting documentation. A grievance must be made no later than one year after the date of the alleged occurrence. At the time a request for a hearing is made, the program should make available to the member information that it relied upon in its disciplinary decision.

The program may arrange for one or more pre-hearing conferences at a time mutually convenient to the parties. Pre-hearing conferences are not a substitute for a hearing. They are intended to facilitate a mutually agreeable resolution of the matter to make a hearing unnecessary or to narrow the issues to be decided at a hearing. The format of pre-hearing conferences may be flexible, involving meetings with one party at a time and/or with both parties together. The Director or the designee conducts pre-hearing conferences.

The Director or the Director's designee will conduct the hearing. The person conducting the hearing may not have participated in any previous decisions concerning the issue in dispute. A hearing must be held no later than 30 calendar days after the filing of the grievance, and a written decision must be made no later than 60 calendar days after filing.

Arbitration: Selection of Arbitrator. If there is an adverse decision against the party who filed the grievance, or no decision has been reached after 60 calendar days after the filing of a grievance, the aggrieved party may submit the grievance to binding arbitration before a qualified arbitrator who is jointly selected and who is independent of the interested parties. If the parties cannot agree on an arbitrator, the Corporation will

appoint an arbitrator from a list of qualified arbitrators within 15 calendar days after receiving a request from one of the parties.

Time Limits: An arbitration proceeding must be held no later than 45 days after the request for arbitration, or if the arbitrator is appointed by the Corporation, the proceeding must occur no later than 30 calendar days after the arbitrator's appointment. A decision must be made by the arbitrator no later than 30 calendar days after the date the arbitration proceeding begins.

Cost: In accordance with 42 U.S.C. 12636(f) (4) (D), the cost of the arbitration proceeding must be divided evenly between the parties to the arbitration unless the party requesting a grievance proceeding prevails. If the grievant prevails, the Grantee must pay the total cost of the proceeding and reasonable attorney's fees of the prevailing party incurred in connection with the ADR proceeding.

Effect of Noncompliance with Arbitration: Pursuant to 42 U.S.C. 12636(f) (7), a suit to enforce an arbitration award may be brought in any federal district court having jurisdiction over the parties without regard to the amount in controversy or citizenship.

XIV. Miscellaneous Items

WCC members shall adhere to all job safety standards, and are required to wear appropriate personal protective gear for the task.

WCC members are required to wear proper footwear in compliance with safety guidelines for the type of terrain they are working on. Rubber boots for wetlands or stream work and 8-inch high leather boots with lug soles for all other work. WCC members will be responsible for providing their own 8-inch high leather boots with lug soles. (The WCC will provide rubber boots for project use.)

All work pants must fit properly, and be professional in appearance. Acceptable forms of work pants include jeans and fatigues in dark or neutral colors. Any other pants must be pre-approved by supervisor and/or management. No sweatpants or "baggy" pants may be worn due to safety considerations.

WCC members shall wear a WCC uniform shirt and safety hat at all times. Uniforms include but are not limited to: work shirts, safety hat, and rain gear. Work shirts must be worn visibly, not as a layer under other garments, excluding rain gear.

Abusing, defacing, altering, or destroying any WCC issued rain gear or hard hats or defacing, or destroying government or private property (lodging facilities, furnishings, recreation equipment, tools, equipment in general) will result in the WCC member being required to pay full restitution, and may result in disciplinary action being taken. Actual replacement costs will be deducted from the member's paycheck.

Members must adhere to the WCC policy on tobacco use. No smoking or use of tobacco products is allowed in vehicles provided by the State of Washington or sponsor organizations. Without direct consent from the project sponsor, WCC staff, or a designee, smoking and the use of tobacco products is strictly forbidden at all project and training locations. Smoking is authorized only in areas and during times authorized by the designated site representative, supervisor, or staff person.

The member understands that failure to disclose any history of having been released for cause from another AmeriCorps program will render the member ineligible to receive the education award.

Member agrees to assign all rights to the WCC, the National Association of Service and Conservation Corps, and the Corporation for National Service to use their name, video and/or photographic recordings and other identifying information for publicity or promotional purposes. This includes the editing, duplication, reproduction, copyright, exhibition, broadcast and/or other non-profit use and distribution of such recording(s) for purposes deemed suitable by the WCC unless specifically noted to the contrary.

Special restrictions apply to residential or emergency deployment situations. Any facility being provided to WCC members (motel, camp, etc.) is considered a state facility and subject to all WCC rules. This includes, but is not limited to, the policies of no drugs and alcohol, no harassment, no private vehicles, and no male-female shared quarters. The WCC staff person in charge may at his/her discretion set additional rules including, but not limited to, setting meal times, quiet times, curfews, and the use of specific resources and facilities. WCC members are required to conduct themselves at all times in a manner appropriate to being a representative of the WCC, AmeriCorps and Department of Ecology.

If hired by another agency during an emergency or disaster situation, the rate of pay established by the hiring agency cannot be less than minimum wage but may exceed minimum wage pay.

Accepting or soliciting monetary compensation beyond a living allowance for services rendered is prohibited while serving as a member of the WCC.

WCC members are not in an employee relationship with the federal government, Washington State, the program, or the site sponsor for unemployment compensation purposes and, therefore, are not covered by unemployment compensation. RCW 43.220.070 (3) specifically excludes time spent and compensation earned in the WCC from credit for unemployment compensation.

Member acknowledges that field conditions in emergency deployment locations may be less than ideal with potentially extreme environmental conditions, including high heat, humidity, and precipitation, and damaged or destroyed public infrastructure, including water and electric supply systems, food supply disruptions, and the lack of structurally sound shelter. Deployed members shall be selected at the discretion of WCC administrative staff. Members agree to fully participate in deployment assignments for the full duration and early return will be at the discretion of the WCC Administration. Member initiated early return will be the sole financial responsibility of the member.

Department of Labor and Industries Workers' Compensation covers WCC members for service related accidents. Coverage provides compensation for illness or injury caused or aggravated by the performance of the member's authorized duties. Workers' Compensation does not provide coverage if the injury or illness is caused or aggravated by the member's own misconduct, voluntary intoxication, or willful intent to bring about injury or death to themselves or others. This coverage will pay benefits to members injured while performing the usual and customary duties of their project assignment. To facilitate a claim, it is important to report accidents immediately to the immediate supervisor. Failure to properly report accidents and/or injuries that happen on the job may result in denial of claims and disciplinary action.

XV. Responsibilities and Conduct of the Member

Like any group of individuals working together, WCC members must follow certain rules and regulations in order to be effective in their service assignment. The crew supervisor or IP sponsor may identify other responsibilities and conduct in addition to those described below. While participating in the WCC, the member is expected to:

- Demonstrate respect toward others in the program and the community.
- Serve constructively with fellow WCC members.
- Attend and participate all trainings and any required meetings and service projects.
- Arrive punctually to their service site and all AmeriCorps sponsored activities.
- Seek prior approval from the immediate supervisor or designee for absences.
- Follow notification guidelines established by the immediate supervisor or designee when they intend to be late or absent due to illness or emergency.
- Adhere to the service gear and grooming standards established by the WCC including, but not limited to the policy of no destruction and/or modification of issued clothing or gear.
- Perform to the best of their personal ability and strive to fulfill the project objectives.

- Submit accurate time reports according to the schedule established by the WCC program.
- Meet with the crew or IP sponsor on a regular basis to discuss the status of project activities.
- Respect the culture of the service site.
- Comply with all policies established by the project site and the WCC ensure that their conduct does not subject another person to any form of harassment or discriminatory behavior.
- Assume responsibility for preventing harassment by putting the harasser on notice to stop the inappropriate behavior. Crew supervisors can assist in this process as needed and should be notified of the harassment.
- Ask for support, guidance and assistance when needed.
- Direct concerns, problems, and suggestions to the appropriate program staff.
- Ensure that employment or continuing education occurring during their term of service does not interfere with their effectiveness as a WCC member.
- Obtain a GED or its equivalent, if applicable, before the end of service in order to be eligible to use the education award.
- Obey all state and federal laws.
- Assign all rights to the WCC, the Corps Network, and the Corporation for National and Community Service (CNCS) to use their name, video and/or photographic recordings and other identifying information for publicity or promotional purposes. This includes the editing, duplication, reproduction, copyright, exhibition, broadcast and/or other nonprofit use and distribution of such recordings) for purposes deemed suitable by the WCC unless specifically noted to the contrary.
- Abide by all rules and procedures established by the WCC as described in the Member Contract.

XVI. Responsibilities and Conduct of the Crew Supervisor

The crew supervisor and project sponsor agree to support the mission of the WCC program and its members by:

- Recruiting and/or assisting with recruitment efforts to fill positions, interview applicants, and select the candidates best suited to the tasks outlined in the project objectives.
- Providing supervision and support to WCC members.
- Ensuring each member has a position description that accurately reflects the member's service assignment.
- Creating opportunities for members' personal and professional growth by identifying their talents, strengths, and leadership skills, and utilize these qualities to ensure the success of the AmeriCorps project.
- Meeting with each member on a regular basis to provide guidance, direction, and support.
- Ensuring members abide by WCC service gear and grooming standards.
- Promoting AmeriCorps accomplishments in newsletters, media releases, and other appropriate venues, clarifying when relevant, the role of the WCC and the national service movement to establish community support.
- Providing an environment free from discrimination and harassment.
- Providing safe and sanitary working conditions.
- Preparing and submitting a minimum of two performance evaluations for each member during the service year.
- Assisting members in scheduling job search workshops prior to termination from the project. The WCC and the site sponsor incur no responsibility for employment beyond the term of service.
- Submitting periodic time reports and ensuring the accuracy of the hours served during a specific pay period.
- Approving member timesheets and forwarding accurate time reports to the WCC.
- Submitting progress reports and other program reports based upon the scheduled WCC due dates participating in all national service evaluation efforts.

- Assuming all liability for any injury or damage to the person or property of a third person caused by the member during their period of service, if such liability occurs in the performance of official duties.
- Informing the project coordinator of problems related to the AmeriCorps program or its members.
- Requesting technical assistance, support, and consultation from the WCC when appropriate.
- Attending AmeriCorps sponsored training and technical assistance sessions.
- Adhering to the federal regulations and AmeriCorps provisions governing effective operation of AmeriCorps programs, as well as the policies and procedures of the WCC.

XVII. Responsibilities and Conduct of the WCC

The WCC agrees to support its members and project sponsors by:

- Providing WCC members with a living allowance.
- Certifying WCC members' eligibility for receipt of the educational award upon successful completion of their term of service.
- Providing and coordinating training opportunities for WCC members.
- Acting as a mediator when necessary for the member and the project sponsor,
- Providing reasonable accommodations for members with known mental or physical disabilities.
- Coordinating and conducting project sponsor orientation, training and technical assistance,
- Providing advice, technical assistance, and consultation to the member and/or the project sponsor when requested.
- Providing project sponsors with technical assistance in the development of the project objectives and ongoing consultation in the areas of program, organizational and community development.
- Monitoring progress toward achieving the project and member development objectives based upon site visits and semi-annual progress reports.
- Assisting a project sponsor in its efforts to recruit and place community volunteers.
- Acting as the primary liaison between the Corporation for National and Community Service, the Corps Network, and the project sponsor.

XVIII. Acknowledgement

Alterations to this agreement shall be valid only when made in writing and signed by the WCC member and an authorized representative of the WCC. This agreement is subject to funding of the WCC program. If funding is not available, this agreement is null and void.

The member and the WCC program hereby acknowledge by their signatures that they have read, understand, and agree to all terms and conditions of the Member Contract.

AmeriCorps Member

Date

Crew Supervisor or IP Sponsor

Date

Position Description

Washington Conservation Corps (WCC) Corpsmember

A. Administrative Requirements

Conduct of Analysis:	Nick Mott, Program Director Washington Conservation Corps, Department of Ecology Shorelands and Environmental Assistance Program (SEA)
Date of Analysis:	01/24/2011
Agency/ Section:	Washington State Department of Ecology, SEA/WCC
Position Title:	WCC Member, or Corpsmember
Position Purpose:	To conserve/enhance the natural resources of the State of Washington. Gain experience and formal training. Promote community service and environmental awareness. Obtain AmeriCorps Education Award.
Reports To:	WCC Crew Supervisor.
Hiring Process:	WCC Employment Application, screening (includes reference & background checks), and selection.
Formal Training:	Incumbent must attend 1 st Aid/CPR course within the first 3 months of employment. Course will be provided for member at Member Orientation Training.
Previous Experience:	None Required.
Service Site Location:	Various sites throughout Washington – Primarily outdoor service. Out of state travel may be required in the event of emergency deployment.
Employment Status:	Terms of service dependent on contract. Full Term – One Year Position (non-state employment), or Half Term– Half Year Position (non-state employment)
Schedule:	Four 10-hour days (generally Monday - Thursday); alternative schedule at times may be 8 days on - 6 days off (spike); 7:00 AM to 5:30 PM (generally).
Hours Per Week:	40 - not guaranteed, may be more or less on occasion.
Scheduled Breaks:	15 minutes in the morning and 15 minutes in the afternoon taken at supervisor discretion.
Lunch Break:	12:00 PM to 12:30 PM, daily (may be negotiated).
Post-Offer Requirements:	Not Applicable.
Travel:	Extensive travel may be required.

B. Tasks and Responsibilities

1. Constructing or maintaining trails and other recreational sites/areas.
2. Removing invasive plants from wetlands and planting/maintaining native plants.
3. Constructing in-stream structures and channels or removing barriers.
4. Improving riparian and forest habitat and vegetation.
5. Preventing soil erosion through the use of bio-engineering techniques.
6. Responding to emergencies (floods, fires, spills, search and rescue, earthquakes). Deployed members must fully participate in deployment assignments for the full duration, early return will be at the discretion of the WCC administration. Member initiated early return will be the sole financial responsibility of the member.
7. Attending formal training classes.

C. Tools and Equipment

1. Chain saws, brush cutters, weed wrench, shovels, wheelbarrows, pulaski, etc.
2. May require driving state vehicles.

D. Mental Requirements

1. Develop and maintain key relationships internally.
2. Assess, interpret, draw logical conclusions and problem solve effectively and accurately.
3. Work effectively in a stressful environment.
4. Function interdependently in a team environment - respecting the values of others.
5. Maintain professional demeanor, calm, composed, and respectful, in stressful situations.
6. Ability to recognize multiple viewpoints and willingness to compromise.
7. Understand verbal/written instruction.
8. Interact effectively with public and co-workers.

E. Performance Requirements

1. Maintains professional working relationships with peers, co-workers, vendors, and the public that are inclusive, collaborative, and respectful.
2. Must be dependable, flexible, and willing to accept responsibilities.
3. Must readily take initiative to do assigned work without prompting.
4. Accepts supervisory authority and maintains professional workplace conduct.
5. Completes all work assignments in an appropriate and timely manner.

F. Physical Requirements

1. Lifting heavy (up to 60 lbs) objects for long periods of time (several hours).
2. Performing duties in inclement weather on steep terrain.
3. Walking several miles per day.
4. Bending at the waist for long periods.
5. Ability to see, talk, and hear - must use visual and auditory senses to anticipate or detect safety concerns.

G. Health and Safety

1. Must not be a significant risk of substantial harm to the health and safety of oneself or others.
2. Must be able to assess dangerous work sites or activities to prevent injuries from happening.

H. Work Place Conduct

Must comply with internal policies and procedures governing conduct.

Remarks: The Position Description is intended to describe in general terms, the typical elements and criteria necessary to perform in this position and does not necessarily describe all of the duties that may evolve over time. Any incidental duties WILL NOT violate prohibited activities in Part I.

I. Prohibited Activities

1. Attempting to influence legislation.
2. Organizing or engaging in protests, petitions, boycotts, or strikes.
3. Assisting, promoting, or deterring union organizing.
4. Impairing existing contracts for services or collective bargaining agreements.
5. Engaging in partisan political activities, or other activities designed to influence the outcome of an election to any public office.
6. Participating in, or endorsing, events or activities that are likely to include advocacy for or against political parties, political platforms, political candidates, proposed legislation, or elected officials.
7. Engaging in religious instruction, conducting worship services, providing instruction as part of a program that includes mandatory religious instruction or worship, constructing or operating facilities devoted to religious instruction or worship, maintaining facilities primarily or inherently devoted to religious instruction or worship, or engaging in any form of religious proselytization.
8. Providing a direct benefit to—
 - I. A business organized for profit.
 - II. A labor union.
 - III. A partisan political organization.
 - IV. A nonprofit organization that fails to comply with the restrictions contained in section 501(c)(3) of the Internal Revenue Code of 1986 except that nothing in this section shall be construed to prevent participants from engaging in advocacy activities undertaken at their own initiative.
 - V. An organization engaged in the religious activities described in paragraph (g) of this section, unless Corporation assistance is not used to support those religious activities.
 - VI. Conducting a voter registration drive or using Corporation funds to conduct a voter registration drive.
 - VII. Providing abortion services or referrals for receipt of such services; and such other activities as the Corporation may prohibit.

WCC Member Signature

Date

Supervisor Signature

Date



AMERICORPS ENROLLMENT FORM

Completion of this form is required to enroll an AmeriCorps member in the National Service Trust, making the member eligible for an education award upon successful completion of his or her term of service. It also provides the Corporation for National and Community Service with basic demographic data.

DIRECTIONS TO MEMBER:

1. Use blue or black ink.
2. Print clearly.
3. Please complete and sign Part 1 and Part 2.
4. Return the completed form to your **Program Director**.

PART 1**Member: Please Complete and Sign**

1. **Name** _____
Last First MI
2. **Date of Birth** _____ **3. Social Security Number** _____
Month Day Year
4. **Citizenship Status** ☐ U.S. Citizen ☐ U. S. National ☐ Lawful Permanent Resident Alien of the United States
5. **High School Status:**
☐ I have received a high school diploma or its equivalent.
or
☐ I agree to obtain a high school diploma or its equivalent before using my education award,
and I did not drop out of elementary or secondary school to enroll in the program.
6. **Males 18-26 years old not yet registered with the Selective Service System:** If you would like the Corporation for National and Community Service to provide the information on this page to the Selective Service System so that the agency may register you, please check this box. ☐
7. **Current Address** (All information will be sent to you at this address until you notify the Corporation of a change of address.)

Number and Street _____

City _____

State _____

Zip Code _____

E-Mail Address _____

Home Phone _____

Business Phone _____

Ext _____

8. **Permanent Address** (Name and address of person through whom you can always be reached once you leave the program.)

Last _____

First _____

MI _____

Number and Street _____

City _____

State _____

Zip Code _____

E-Mail Address _____

Home Phone _____

Business Phone _____

Ext _____

Member's Signature _____ **Date:** _____

I understand that a knowing and willful false statement on this form can be punished by a fine or imprisonment or both under Section 1001 of Title 18, U.S.C.

PART 2**Member: Please Answer the Following Questions**

1. **What is your gender?**
☐ Female
☐ Male
2. **Are you registered to vote?**
☐ Yes
☐ No
☐ Not sure
☐ Not eligible
☐ Prefer not to respond
3. **(Optional) Which of the following categories best describes your racial or ethnic origins? (Mark one or more from A and one from B)**
A. Race
☐ American Indian or Alaska Native
☐ Native Hawaiian or Other Pacific Islander
☐ Black or African American
☐ White
☐ Asian
☐ Other
B. Ethnicity
☐ Hispanic origin
☐ Not of Hispanic origin
4. **Which one of the following best describes your marital status?**
☐ Single, never married
☐ Married, living with husband/wife
☐ Married, not living with spouse/legally separated
☐ Widowed
☐ Divorced
☐ Prefer not to respond
5. **What is the highest level of education you have completed?**
☐ Less than high school completed
☐ GED
☐ High school graduate
☐ Technical school/apprenticeship/vocational
☐ Some college
☐ Associates degree (AA)
☐ College graduate
☐ Some graduate school
☐ Graduate degree
☐ Professional degree (medical, law)
6. **Do you have a disability?**
☐ Yes (Specify: _____)
☐ No
☐ Prefer not to respond
7. **Are you a veteran of the United States Armed Forces?**
☐ Yes
☐ No
8. **What are the two most important reasons why you decided to join this program?**
☐ To get an education award
☐ To help other people/perform a community service
☐ To be part of a national movement
☐ To get a job/earn money
☐ Friends have joined
☐ To make friends
☐ To learn about or work with different ethnic/cultural groups
☐ Parents/teachers wanted me to join
☐ To explore future job/education interests
☐ To get involved in health issues
☐ To get involved in education issues
☐ To get involved in environment issues
☐ To get involved in public safety issues
☐ Other (Specify: _____)
9. **How did you hear about this program? (Mark all that apply.)**
☐ Read about it in an article
☐ Saw an advertisement in a newspaper/magazine
☐ Guidance counselor/teacher
☐ Parent/relative
☐ Current or former AmeriCorps Member
☐ Friend told me/friend applied
☐ Heard about it on TV commercial
☐ Heard about it on radio commercial
☐ Heard about it on the internet
☐ Heard about it from an AmeriCorps recruiter/representative
☐ Received information in the mail
☐ AmeriCorps Program
☐ Poster
☐ Other (Specify: _____)
10. **Have you ever previously enrolled in an AmeriCorps program?** ☐ Yes ☐ No
If so, how many times: _____
11. **Have you ever been released 'for cause' from a term of service by this or any other AmeriCorps program?**
☐ Yes ☐ No

Member's Signature _____ **Date** _____

I understand that a knowing and willful false statement on this form can be punished by a fine or imprisonment or both under Section 1001 of Title 18, U.S.C.

Privacy Statement – In compliance with the Privacy Act of 1974, the following information is provided. The collection of this information is authorized by the provisions of the National and Community Service Act as amended by the National and Community Service Trust Act of 1993. The primary purpose of the information is to obtain from AmeriCorps program representatives their data to successfully enroll a member in a term of service and the education award program. The evaluative information will help the Corporation improve its programming and services to members. Except as indicated here, information will not be disclosed outside the Corporation without written permission. The Internal Revenue Service has determined that the education award is taxable in the year it is used. Your Social Security Number (SSN) is solicited under the authority of the Internal revenue Code (28 U.S.C. 6011© and 6109) for use as a taxpayer identification number. Failure to disclose the SSN or any other information may result in a denial of your receiving an education award or it may delay the processing of your education award.

Form W-4 (2012)

Purpose. Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

Exemption from withholding. If you are exempt, complete **only** lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2012 expires February 18, 2013. See Pub. 505, Tax Withholding and Estimated Tax.

Note. If another person can claim you as a dependent on his or her tax return, you cannot claim exemption from withholding if your income exceeds \$950 and includes more than \$300 of unearned income (for example, interest and dividends).

Basic instructions. If you are not exempt, complete the **Personal Allowances Worksheet** below. The worksheets on page 2 further adjust your withholding allowances based on itemized deductions, certain credits, adjustments to income, or two-earners/multiple jobs situations.

Complete all worksheets that apply. However, you may claim fewer (or zero) allowances. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

Head of household. Generally, you can claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See Pub. 501, Exemptions, Standard Deduction, and Filing Information, for information.

Tax credits. You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See Pub. 505 for information on converting your other credits into withholding allowances.

Nonwage income. If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity

income, see Pub. 505 to find out if you should adjust your withholding on Form W-4 or W-4P.

Two earners or multiple jobs. If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 505 for details.

Nonresident alien. If you are a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

Check your withholding. After your Form W-4 takes effect, use Pub. 505 to see how the amount you are having withheld compares to your projected total tax for 2012. See Pub. 505, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

Future developments. The IRS has created a page on IRS.gov for information about Form W-4, at www.irs.gov/w4. Information about any future developments affecting Form W-4 (such as legislation enacted after we release it) will be posted on that page.

Personal Allowances Worksheet (Keep for your records.)

A	Enter "1" for yourself if no one else can claim you as a dependent	A _____				
B	Enter "1" if: <table><tr><td>• You are single and have only one job; or</td><td rowspan="3">}</td></tr><tr><td>• You are married, have only one job, and your spouse does not work; or</td></tr><tr><td>• Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less.</td></tr></table>	• You are single and have only one job; or	}	• You are married, have only one job, and your spouse does not work; or	• Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less.	B _____
• You are single and have only one job; or	}					
• You are married, have only one job, and your spouse does not work; or						
• Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less.						
C	Enter "1" for your spouse . But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.)	C _____				
D	Enter number of dependents (other than your spouse or yourself) you will claim on your tax return	D _____				
E	Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above)	E _____				
F	Enter "1" if you have at least \$1,900 of child or dependent care expenses for which you plan to claim a credit (Note. Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)	F _____				
G	Child Tax Credit (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. • If your total income will be less than \$61,000 (\$90,000 if married), enter "2" for each eligible child; then less "1" if you have three to seven eligible children or less "2" if you have eight or more eligible children. • If your total income will be between \$61,000 and \$84,000 (\$90,000 and \$119,000 if married), enter "1" for each eligible child	G _____				
H	Add lines A through G and enter total here. (Note. This may be different from the number of exemptions you claim on your tax return.) ►	H _____				
For accuracy, complete all worksheets that apply. <table><tr><td>• If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the Deductions and Adjustments Worksheet on page 2.</td></tr><tr><td>• If you are single and have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$40,000 (\$10,000 if married), see the Two-Earners/Multiple Jobs Worksheet on page 2 to avoid having too little tax withheld.</td></tr><tr><td>• If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below.</td></tr></table>			• If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the Deductions and Adjustments Worksheet on page 2.	• If you are single and have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$40,000 (\$10,000 if married), see the Two-Earners/Multiple Jobs Worksheet on page 2 to avoid having too little tax withheld.	• If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below.	
• If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the Deductions and Adjustments Worksheet on page 2.						
• If you are single and have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$40,000 (\$10,000 if married), see the Two-Earners/Multiple Jobs Worksheet on page 2 to avoid having too little tax withheld.						
• If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below.						

----- Separate here and give Form W-4 to your employer. Keep the top part for your records. -----

Form W-4 Department of the Treasury Internal Revenue Service		Employee's Withholding Allowance Certificate		OMB No. 1545-0074 2012	
1 Your first name and middle initial		Last name		2 Your social security number	
Home address (number and street or rural route)		3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note. If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.			
City or town, state, and ZIP code		4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. ► <input type="checkbox"/>			
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)		5			
6 Additional amount, if any, you want withheld from each paycheck		6		\$	
7 I claim exemption from withholding for 2012, and I certify that I meet both of the following conditions for exemption. • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here ►		7			

Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.

Employee's signature

(This form is not valid unless you sign it.) ►

Date ►

8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)	9 Office code (optional)	10 Employer identification number (EIN)
---	--------------------------	---

Deductions and Adjustments Worksheet**Note.** Use this worksheet *only* if you plan to itemize deductions or claim certain credits or adjustments to income.

1	Enter an estimate of your 2012 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 7.5% of your income, and miscellaneous deductions	1	\$ _____
2	Enter: $\left\{ \begin{array}{l} \$11,900 \text{ if married filing jointly or qualifying widow(er)} \\ \$8,700 \text{ if head of household} \\ \$5,950 \text{ if single or married filing separately} \end{array} \right\}$	2	\$ _____
3	Subtract line 2 from line 1. If zero or less, enter "-0-"	3	\$ _____
4	Enter an estimate of your 2012 adjustments to income and any additional standard deduction (see Pub. 505)	4	\$ _____
5	Add lines 3 and 4 and enter the total. (Include any amount for credits from the <i>Converting Credits to Withholding Allowances for 2012 Form W-4</i> worksheet in Pub. 505.)	5	\$ _____
6	Enter an estimate of your 2012 nonwage income (such as dividends or interest)	6	\$ _____
7	Subtract line 6 from line 5. If zero or less, enter "-0-"	7	\$ _____
8	Divide the amount on line 7 by \$3,800 and enter the result here. Drop any fraction	8	_____
9	Enter the number from the Personal Allowances Worksheet , line H, page 1	9	_____
10	Add lines 8 and 9 and enter the total here. If you plan to use the Two-Earners/Multiple Jobs Worksheet , also enter this total on line 1 below. Otherwise, stop here and enter this total on Form W-4, line 5, page 1	10	_____

Two-Earners/Multiple Jobs Worksheet (See *Two earners or multiple jobs* on page 1.)**Note.** Use this worksheet *only* if the instructions under line H on page 1 direct you here.

1	Enter the number from line H, page 1 (or from line 10 above if you used the Deductions and Adjustments Worksheet)	1	_____
2	Find the number in Table 1 below that applies to the LOWEST paying job and enter it here. However , if you are married filing jointly and wages from the highest paying job are \$65,000 or less, do not enter more than "3"	2	_____
3	If line 1 is more than or equal to line 2, subtract line 2 from line 1. Enter the result here (if zero, enter "-0-") and on Form W-4, line 5, page 1. Do not use the rest of this worksheet	3	_____
Note. If line 1 is less than line 2, enter "-0-" on Form W-4, line 5, page 1. Complete lines 4 through 9 below to figure the additional withholding amount necessary to avoid a year-end tax bill.			
4	Enter the number from line 2 of this worksheet	4	_____
5	Enter the number from line 1 of this worksheet	5	_____
6	Subtract line 5 from line 4	6	_____
7	Find the amount in Table 2 below that applies to the HIGHEST paying job and enter it here	7	\$ _____
8	Multiply line 7 by line 6 and enter the result here. This is the additional annual withholding needed	8	\$ _____
9	Divide line 8 by the number of pay periods remaining in 2012. For example, divide by 26 if you are paid every two weeks and you complete this form in December 2011. Enter the result here and on Form W-4, line 6, page 1. This is the additional amount to be withheld from each paycheck	9	\$ _____

Table 1

Married Filing Jointly		All Others	
If wages from LOWEST paying job are—	Enter on line 2 above	If wages from LOWEST paying job are—	Enter on line 2 above
\$0 - \$5,000	0	\$0 - \$8,000	0
5,001 - 12,000	1	8,001 - 15,000	1
12,001 - 22,000	2	15,001 - 25,000	2
22,001 - 25,000	3	25,001 - 30,000	3
25,001 - 30,000	4	30,001 - 40,000	4
30,001 - 40,000	5	40,001 - 50,000	5
40,001 - 48,000	6	50,001 - 65,000	6
48,001 - 55,000	7	65,001 - 80,000	7
55,001 - 65,000	8	80,001 - 95,000	8
65,001 - 72,000	9	95,001 - 120,000	9
72,001 - 85,000	10	120,001 and over	10
85,001 - 97,000	11		
97,001 - 110,000	12		
110,001 - 120,000	13		
120,001 - 135,000	14		
135,001 and over	15		

Table 2

Married Filing Jointly		All Others	
If wages from HIGHEST paying job are—	Enter on line 7 above	If wages from HIGHEST paying job are—	Enter on line 7 above
\$0 - \$70,000	\$570	\$0 - \$35,000	\$570
70,001 - 125,000	950	35,001 - 90,000	950
125,001 - 190,000	1,060	90,001 - 170,000	1,060
190,001 - 340,000	1,250	170,001 - 375,000	1,250
340,001 and over	1,330	375,001 and over	1,330

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. Internal Revenue Code sections 3402(f)(2) and 6109 and their regulations require you to provide this information; your employer uses it to determine your federal income tax withholding. Failure to provide a properly completed form will result in your being treated as a single person who claims no withholding allowances; providing fraudulent information may subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation; to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws; and to the Department of Health and Human Services for use in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.

Instructions**Read all instructions carefully before completing this form.**

Anti-Discrimination Notice. It is illegal to discriminate against any individual (other than an alien not authorized to work in the United States) in hiring, discharging, or recruiting or referring for a fee because of that individual's national origin or citizenship status. It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire an individual because the documents presented have a future expiration date may also constitute illegal discrimination. For more information, call the Office of Special Counsel for Immigration Related Unfair Employment Practices at 1-800-255-8155.

What Is the Purpose of This Form?

The purpose of this form is to document that each new employee (both citizen and noncitizen) hired after November 6, 1986, is authorized to work in the United States.

When Should Form I-9 Be Used?

All employees (citizens and noncitizens) hired after November 6, 1986, and working in the United States must complete Form I-9.

Filling Out Form I-9**Section 1, Employee**

This part of the form must be completed no later than the time of hire, which is the actual beginning of employment. Providing the Social Security Number is voluntary, except for employees hired by employers participating in the USCIS Electronic Employment Eligibility Verification Program (E-Verify). **The employer is responsible for ensuring that Section 1 is timely and properly completed.**

Noncitizen nationals of the United States are persons born in American Samoa, certain former citizens of the former Trust Territory of the Pacific Islands, and certain children of noncitizen nationals born abroad.

Employers should note the work authorization expiration date (if any) shown in **Section 1**. For employees who indicate an employment authorization expiration date in **Section 1**, employers are required to reverify employment authorization for employment on or before the date shown. Note that some employees may leave the expiration date blank if they are aliens whose work authorization does not expire (e.g., asylees, refugees, certain citizens of the Federated States of Micronesia or the Republic of the Marshall Islands). For such employees, reverification does not apply unless they choose to present

in **Section 2** evidence of employment authorization that contains an expiration date (e.g., Employment Authorization Document (Form I-766)).

Preparer/Translator Certification

The Preparer/Translator Certification must be completed if **Section 1** is prepared by a person other than the employee. A preparer/translator may be used only when the employee is unable to complete **Section 1** on his or her own. However, the employee must still sign **Section 1** personally.

Section 2, Employer

For the purpose of completing this form, the term "employer" means all employers including those recruiters and referrers for a fee who are agricultural associations, agricultural employers, or farm labor contractors. Employers must complete **Section 2** by examining evidence of identity and employment authorization within three business days of the date employment begins. However, if an employer hires an individual for less than three business days, **Section 2** must be completed at the time employment begins. Employers cannot specify which document(s) listed on the last page of Form I-9 employees present to establish identity and employment authorization. Employees may present any List A document **OR** a combination of a List B and a List C document.

If an employee is unable to present a required document (or documents), the employee must present an acceptable receipt in lieu of a document listed on the last page of this form. Receipts showing that a person has applied for an initial grant of employment authorization, or for renewal of employment authorization, are not acceptable. Employees must present receipts within three business days of the date employment begins and must present valid replacement documents within 90 days or other specified time.

Employers must record in Section 2:

1. Document title;
2. Issuing authority;
3. Document number;
4. Expiration date, if any; and
5. The date employment begins.

Employers must sign and date the certification in **Section 2**. Employees must present original documents. Employers may, but are not required to, photocopy the document(s) presented. If photocopies are made, they must be made for all new hires. Photocopies may only be used for the verification process and must be retained with Form I-9. **Employers are still responsible for completing and retaining Form I-9.**

For more detailed information, you may refer to the *USCIS Handbook for Employers* (Form M-274). You may obtain the handbook using the contact information found under the header "USCIS Forms and Information."

Section 3, Updating and Reverification

Employers must complete **Section 3** when updating and/or reverifying Form I-9. Employers must reverify employment authorization of their employees on or before the work authorization expiration date recorded in **Section 1** (if any). Employers **CANNOT** specify which document(s) they will accept from an employee.

- A.** If an employee's name has changed at the time this form is being updated/reverified, complete Block A.
- B.** If an employee is rehired within three years of the date this form was originally completed and the employee is still authorized to be employed on the same basis as previously indicated on this form (updating), complete Block B and the signature block.
- C.** If an employee is rehired within three years of the date this form was originally completed and the employee's work authorization has expired **or** if a current employee's work authorization is about to expire (reverification), complete Block B; and:
 - 1. Examine any document that reflects the employee is authorized to work in the United States (see List A **or** C);
 - 2. Record the document title, document number, and expiration date (if any) in Block C; and
 - 3. Complete the signature block.

Note that for reverification purposes, employers have the option of completing a new Form I-9 instead of completing **Section 3**.

What Is the Filing Fee?

There is no associated filing fee for completing Form I-9. This form is not filed with USCIS or any government agency. Form I-9 must be retained by the employer and made available for inspection by U.S. Government officials as specified in the Privacy Act Notice below.

USCIS Forms and Information

To order USCIS forms, you can download them from our website at www.uscis.gov/forms or call our toll-free number at 1-800-870-3676. You can obtain information about Form I-9 from our website at www.uscis.gov or by calling 1-888-464-4218.

Information about E-Verify, a free and voluntary program that allows participating employers to electronically verify the employment eligibility of their newly hired employees, can be obtained from our website at www.uscis.gov/e-verify or by calling 1-888-464-4218.

General information on immigration laws, regulations, and procedures can be obtained by telephoning our National Customer Service Center at 1-800-375-5283 or visiting our Internet website at www.uscis.gov.

Photocopying and Retaining Form I-9

A blank Form I-9 may be reproduced, provided both sides are copied. The Instructions must be available to all employees completing this form. Employers must retain completed Form I-9s for three years after the date of hire or one year after the date employment ends, whichever is later.

Form I-9 may be signed and retained electronically, as authorized in Department of Homeland Security regulations at 8 CFR 274a.2.

Privacy Act Notice

The authority for collecting this information is the Immigration Reform and Control Act of 1986, Pub. L. 99-603 (8 USC 1324a).

This information is for employers to verify the eligibility of individuals for employment to preclude the unlawful hiring, or recruiting or referring for a fee, of aliens who are not authorized to work in the United States.

This information will be used by employers as a record of their basis for determining eligibility of an employee to work in the United States. The form will be kept by the employer and made available for inspection by authorized officials of the Department of Homeland Security, Department of Labor, and Office of Special Counsel for Immigration-Related Unfair Employment Practices.

Submission of the information required in this form is voluntary. However, an individual may not begin employment unless this form is completed, since employers are subject to civil or criminal penalties if they do not comply with the Immigration Reform and Control Act of 1986.

Paperwork Reduction Act

An agency may not conduct or sponsor an information collection and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. The public reporting burden for this collection of information is estimated at 12 minutes per response, including the time for reviewing instructions and completing and submitting the form. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: U.S. Citizenship and Immigration Services, Regulatory Management Division, 111 Massachusetts Avenue, N.W., 3rd Floor, Suite 3008, Washington, DC 20529-2210. OMB No. 1615-0047. **Do not mail your completed Form I-9 to this address.**

Department of Homeland Security
U.S. Citizenship and Immigration Services

Form I-9, Employment Eligibility Verification

Read instructions carefully before completing this form. The instructions must be available during completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire an individual because the documents have a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Verification (To be completed and signed by employee at the time employment begins.)

Print Name: Last	First	Middle Initial	Maiden Name
Address (Street Name and Number)		Apt. #	Date of Birth (month/day/year)
City	State	Zip Code	Social Security #

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following):

- ☐ A citizen of the United States
☐ A noncitizen national of the United States (see instructions)
☐ A lawful permanent resident (Alien #) _____
☐ An alien authorized to work (Alien # or Admission #) _____
 until (expiration date, if applicable - month/day/year)

Employee's Signature

Date (month/day/year)

Preparer and/or Translator Certification (To be completed and signed if Section 1 is prepared by a person other than the employee.) I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

Preparer's/Translator's Signature

Print Name

Address (Street Name and Number, City, State, Zip Code)

Date (month/day/year)

Section 2. Employer Review and Verification (To be completed and signed by employer. Examine one document from List A OR examine one document from List B and one from List C, as listed on the reverse of this form, and record the title, number, and expiration date, if any, of the document(s).)

List A	OR	List B	AND	List C
Document title: _____		_____		_____
Issuing authority: _____		_____		_____
Document #: _____		_____		_____
Expiration Date (if any): _____		_____		_____
Document #: _____		_____		_____
Expiration Date (if any): _____		_____		_____

CERTIFICATION: I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on (month/day/year) _____ and that to the best of my knowledge the employee is authorized to work in the United States. (State employment agencies may omit the date the employee began employment.)

Signature of Employer or Authorized Representative	Print Name	Title
Business or Organization Name and Address (Street Name and Number, City, State, Zip Code)		Date (month/day/year)
WA State Department of Ecology, PO Box 47600, Olympia, WA 98504		

Section 3. Updating and Reverification (To be completed and signed by employer.)

A. New Name (if applicable)	B. Date of Rehire (month/day/year) (if applicable)
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C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment authorization.

Document Title: _____ Document #: _____ Expiration Date (if any): _____

I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative	Date (month/day/year)
--	-----------------------

LISTS OF ACCEPTABLE DOCUMENTS

All documents must be unexpired

LIST A

**Documents that Establish Both
Identity and Employment
Authorization**

LIST B

**Documents that Establish
Identity**

LIST C

**Documents that Establish
Employment Authorization**

OR

AND

1. U.S. Passport or U.S. Passport Card	1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address	1. Social Security Account Number card other than one that specifies on the face that the issuance of the card does not authorize employment in the United States
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)		
3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa	2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address	2. Certification of Birth Abroad issued by the Department of State (Form FS-545)
4. Employment Authorization Document that contains a photograph (Form I-766)	3. School ID card with a photograph	3. Certification of Report of Birth issued by the Department of State (Form DS-1350)
	4. Voter's registration card	
5. In the case of a nonimmigrant alien authorized to work for a specific employer incident to status, a foreign passport with Form I-94 or Form I-94A bearing the same name as the passport and containing an endorsement of the alien's nonimmigrant status, as long as the period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form	5. U.S. Military card or draft record	4. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal
	6. Military dependent's ID card	
	7. U.S. Coast Guard Merchant Mariner Card	5. Native American tribal document
	8. Native American tribal document	
	9. Driver's license issued by a Canadian government authority	6. U.S. Citizen ID Card (Form I-197)
	For persons under age 18 who are unable to present a document listed above:	7. Identification Card for Use of Resident Citizen in the United States (Form I-179)
6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI	10. School record or report card	8. Employment authorization document issued by the Department of Homeland Security
	11. Clinic, doctor, or hospital record	
	12. Day-care or nursery school record	

Illustrations of many of these documents appear in Part 8 of the Handbook for Employers (M-274)



STATE OF WASHINGTON

Authorization for Automated Clearing House (ACH) Direct Deposit of Wages

- Employee:**
- (1) Complete the upper portion of the form, sign, and date.
 - (2) Have your financial institution complete the lower portion, or attach a voided check (see below).
 - (3) Deliver the completed form to your Payroll Office.
- Payroll:**
- (1) Ensure that the employee receives a copy of the completed form.

PAYROLL NAME (Last, First, Initial)	EMPLOYEE ID NO*	AGENCY	AGENCY CODE
		Ecology	4610

*Provide your employee identification number if available.

In accordance with RCW 43.41.180, I hereby authorize and request the State, until this authorization is revoked as described below, to transfer the full amount of my state salary, after mandatory and authorized deductions, to the designated financial institution for deposit in my account.

In the event that the State may be legally obligated to withhold any additional part of my salary payment for any reason, I understand that the State shall have the authority to immediately terminate any transfer made under this authorization.

If the State discovers that the *electronic transmission* for this authorization for any reason will result in an overpayment of salary or wages actually due and payable to me, I hereby authorize the State to either process a reversing transaction that will result in sending the net pay amount back to the state, or seek full reimbursement of the overpayment by whatever means is appropriate.

If any action taken by me or my financial institution, without adequate notification to my agency payroll office, results in non-acceptance of the transfer by the designated financial institution, I understand that the State assumes no responsibility for processing supplemental payroll payments until the funds are returned to the agency by the financial institution.

This authority is in force until written notification is received from me regarding its termination, or my death.

Banking information can be provided as follows:

When selecting ACH to your existing financial institution, complete the bottom section. Your financial institution can provide the correct routing number and account number suitable for ACH. You may also attach a voided check. To be valid, the employee must sign the form.

NAME OF FINANCIAL INSTITUTION	CHECK THE TYPE OF ACCOUNT TO BE DEPOSITED: <input type="checkbox"/> CHECKING ACCOUNT <input type="checkbox"/> SAVINGS ACCOUNT
-------------------------------	--

FINANCIAL INSTITUTION/AGENCY USE ONLY

ROUTING TRANSIT NUMBER (must be 9 digits, see reverse)	ACCOUNT NUMBER (as required by financial institution for ACH, see reverse)
<div></div>	<div></div>

EMPLOYEE'S SIGNATURE	DATE
----------------------	------

ACH Information:

What should I do if my account information changes?

If your deposit account information changes for any reason, you must notify your payroll office immediately.

If your account is closed or frozen, the account or routing number is changed, or your account is otherwise unable to receive deposits and you do not notify your agency payroll office one week before the established pay date, your agency may not be able to change the payment information before the payment is sent.

If the payment is sent to the wrong account because you did not inform the payroll office of a change with sufficient time to change the payment information, the state is not responsible for the payment until it is returned by the financial institution.

If a payment is rejected or returned by your institution, the state cannot release payment to you until the funds have been returned to the state—usually 3-4 banking days.

How long will it take to set up my account?

No matter what type of ACH account you choose (checking, savings) the payroll system must validate the account exists. This can take from three to ten days. Until this process completes, you will receive a paper warrant for your net pay on pay day.

Check Routing and Account Number Examples:

YOUR NAME PRE-PRINTED		4444
HOMETOWN USA		
PAY TO THE ORDER OF: _____		
_____ Dollars		\$ <input type="text"/>
X _____		
A123456789A	15588456C	4444
Routing Number	Account Number	Check Number

YOUR NAME PRE-PRINTED		4444
HOMETOWN USA		
PAY TO THE ORDER OF: _____		
_____ Dollars		\$ <input type="text"/>
X _____		
A123456789A	004444C	109001234561C
Routing Number	Check Number	Account Number